

**FSA-2522**  
(12-19-08)

**U.S. DEPARTMENT OF AGRICULTURE**  
Farm Service Agency

Position 4

**BORROWER RESPONSE TO DENIAL OF PRIMARY LOAN SERVICING  
AND INTENT TO ACCELERATE**

FOR BORROWERS WHO RECEIVED FORM FSA-2510 OR FSA-2514 AND APPLIED FOR SERVICING

(See page 2 for Privacy Act and Public Burden Statement)

**TO: Farm Service Agency**  
[FSA Office Name/Address]  
[Office Address]  
[City, State, Zip Code]

1. I have received and read your Denial of Primary Loan Servicing and Intent to Accelerate. (Check the appropriate blocks below:)

- A. I will pay my FSA account current immediately, if I am delinquent, and resolve any non-monetary default. (FSA will continue to process your account to acceleration until it is paid current.) (Please contact your local office if you require any further information.)
- B. I will pay FSA current using the value of my non-essential assets as described in Form FSA-2521. (This is only Applicable if the value of your non-essential assets is sufficient to pay your account current.)
- C. I will pay FSA the full amount of the Current Market Value Buyout as described in Form FSA-2521. (This is only applicable if you were offered CMV.)
- D. I would like to request Reconsideration as described in Form FSA-2521.
- E. I would like to request Mediation as described in Form FSA-2521.
- F. I would like to request Negotiation of the Appraisal as described in Form FSA-2521
- G. I would like to Appeal as described in Form FSA-2521.

*This form must be signed by at least one party (entity or individual) that executed the promissory note(s) or assumption agreement(s), and has not previously been released of liability for the debt.*

2A. Borrower's Name	2B. Signature	2C. Date
3A. Borrower's Name	3B. Signature	3C. Date
4A. Borrower's Name	4B. Signature	4C. Date
5A. Borrower's Name	5B. Signature	5C. Date

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**Note:** *The following statement are made in accordance with the Privacy Act of 1974 (5 USC 552a): the Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, (7 USC 1921 et seq), and the regulations promulgated thereunder, to solicit the information requested on this form. The information requested is necessary for FSA to determine eligibility for financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Department of the Treasury, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of this form or its rejection.*

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0233. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR LOCAL FSA OFFICE.***